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**State:** District of Columbia **Filing Company:** C. M. Life Insurance Company  
**TOI/Sub-TOI:** L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** GIWL  
**Project Name/Number:** MassMutual/61/61

## Filing at a Glance

Company: C. M. Life Insurance Company  
Product Name: GIWL  
State: District of Columbia  
TOI: L07I Individual Life - Whole  
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 09/03/2015  
SERFF Tr Num: FRCS-130212352  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 6367  
  
Implementation: On Approval  
Date Requested:  
Author(s): Marilyn Odell  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:

**State:** District of Columbia  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** GIWL  
**Project Name/Number:** MassMutual/61/61

**Filing Company:** C. M. Life Insurance Company

## General Information

Project Name: MassMutual/61

Project Number: 61

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Marilyn Odell

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The filing is being submitted in the domicile state on or about this same date.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/03/2015

State Status Changed:

Created By: Marilyn Odell

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by C.M. Life Insurance Company to submit this filing.

The company's group number is 435.

This filing is for a graded death whole life contract that provides a benefit for the lifetime of the insured with level premiums payable to the insured's attained age 100.

Issue ages are 50 to 75.

The death benefit during the first two policy years is 110% of the premiums paid to the date of death. After the second policy anniversary, the death benefit is the Face Amount. If the death occurs as a result of accidental death during the first two policy years, then the death benefit will equal the full face amount.

The forms will be marketed electronically and via the telephone through licensed agents on an individual basis.

Application supplemental forms GIWL2112A-SUPP1CM, GIWL2112A-SUPP2CM, and GIWL2112A-SUPP3CM will be completed and made a part of the application when required as noted in the application.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Marilyn Odell, Compliance Specialist  
1020 Central  
Suite 201  
Kansas City, MO 64105

marilyn.odell@firstconsulting.com  
800-927-2730 [Phone] 2835 [Ext]  
816-391-2755 [FAX]

State: District of Columbia

Filing Company: C. M. Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: GIWL

Project Name/Number: MassMutual/61/61

**Filing Company Information**

(This filing was made by a third party - FC01)

C. M. Life Insurance Company

CoCode: 93432

State of Domicile: Connecticut

1295 State Street

Group Code: 435

Company Type: Life

Springfield, MA 01111

Group Name: Mass Mutual Life Ins

Insurance Company

(413) 788-8411 ext. [Phone]

Grp

State ID Number:

FEIN Number: 06-1041383

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**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company:

C. M. Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: GIWL

Project Name/Number: MassMutual/61/61

## Form Schedule

### Lead Form Number: GIWL2112PCM-DC

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		GIWL Policy	GIWL2112P CM-DC	POL	Initial		50.100	GIWL2112PCM-DC.pdf
2		Application for Whole Life Insurance	GIWL2112A -CM-DC	AEF	Initial		50.200	GIWL2112A-CM-DC.pdf
3		Application Supplement - Owner Not Insured	GIWL2112A -SUPP1CM	AEF	Initial		50.400	GIWL2112A-SUPP1CM.pdf
4		Application Supplement – Additional Beneficiaries	GIWL2112A -SUPP2CM	AEF	Initial		54.800	GIWL2112A-SUPP2CM.pdf
5		Existing Insurance Information and Replacement of Life Insurance Supplement	GIWL2112A -SUPP3CM	AEF	Initial		70.300	GIWL2112A-SUPP3CM.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# C.M. Life Insurance Company

Home Office  
[100 Bright Meadow Blvd.]  
[Enfield, CT 06082]

Administrative Office  
[100 Centerview Drive, Suite 100]  
[Nashville, TN 37214]

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INSURED	[JANE DOE]	POLICY NUMBER	[123456789]
POLICY DATE	[JANUARY 01, 2011]	INITIAL FACE AMOUNT	[\$10,000]
ISSUE DATE	[JANUARY 01, 2011]		

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Dear Policy Owner:

**THIS POLICY HAS A LIMITED GRADED DEATH BENEFIT—PLEASE READ YOUR CONTRACT CAREFULLY.** It has been written in readable language to help you understand its terms. As you read through the policy, remember the words "we," "us," and "our" refer to C.M. Life Insurance Company.

We will, subject to the terms of this policy, pay the death benefit to the Beneficiary when due proof of the Insured's death is received at our Administrative Office.

The terms of this policy are contained on this and the following pages. For service and information on this policy, contact our Administrative Office, toll free at: [123-123-4567]

YOU HAVE THE RIGHT TO RETURN THIS POLICY. If you decide not to keep this policy, contact us in writing within 30 days after you receive it. It may be returned by delivering it to our Administrative Office, or to the agent who sold the policy. Then, the policy will be as though it had never been issued. We will promptly refund any premium paid for it.

**THIS WHOLE LIFE POLICY PROVIDES A LIMITED BENEFIT FOR DEATH FROM NATURAL CAUSES IN THE FIRST TWO POLICY YEARS. THE FACE AMOUNT IS PAYABLE IN THE THIRD POLICY YEAR AND BEYOND. THE FACE AMOUNT IS PAID FOR ACCIDENTAL DEATH IN ALL POLICY YEARS.**

Insurance Payable at Death  
Premiums are Payable to Age 100

**This Whole Life Insurance Policy is Non-Participating – Does Not Pay Dividends.  
PLEASE READ THE POLICY CAREFULLY.**

Signed for C.M. Life Insurance Company.

Sincerely yours,

[]

PRESIDENT

[]

SECRETARY

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## Policy Specifications

Insured: [John Doe]  
 Policy Number: [MMGI12345]  
 Policy Date: [01/01/2015]  
 Owner: [John Doe]  
 Face Amount: [\$10,000]

Gender: [Male]  
 Issue Age: [65]  
 Issue Date: [01/01/2015]  
 Beneficiary: As shown in the application  
 Minimum Face Amount: [\$2,000]

THE TELEPHONE NUMBER FOR THE District of Columbia Department of Insurance IS 202.727.8000

## Premium Schedule and Amounts by Frequency:

Monthly[\$91.50]      Quarterly      [\$274.50]      Annually      [\$1,098.00]      Payable Until:      [01/01/2050]

## Benefits and Premiums

Policy Type:      Whole Life Insurance Policy with Graded Death Benefit During First Two Policy Years

### Amount Used to Calculate Death Benefits

<u>Date of Death</u>	<u>Cause of Death</u>	
	<u>Accidental Death</u>	<u>Other than Accidental Death</u>
1 <sup>st</sup> & 2 <sup>nd</sup> Policy Years	Face Amount	110% of Paid Premiums
3 <sup>rd</sup> Policy Year and thereafter	Face Amount	Face Amount

**IF AN ACCIDENTAL DEATH (AS DEFINED IN THE POLICY) OF THE INSURED OCCURS AT ANY TIME WHILE THE POLICY IS IN FORCE, THEN THE FACE AMOUNT SHALL BE PAYABLE.**

### Table of Guaranteed Benefits

Policy Anniversary:	Policy Value	Reduced Paid-Up Insurance	Policy Anniversary:	Policy Value	Reduced Paid-Up Insurance
[01/01/2016]	\$0.00	\$0.00	01/01/2026	\$3,153.50	\$4,713.96
01/01/2017	\$369.70	\$691.64	01/01/2027	\$3,459.80	\$5,059.96
01/01/2018	\$672.00	\$1,223.75	01/01/2028	\$3,761.90	\$5,386.92
01/01/2019	\$978.30	\$1,734.79	01/01/2029	\$4,057.50	\$5,693.94
01/01/2020	\$1,288.40	\$2,225.56	01/01/2030	\$4,345.30	\$5,981.31
01/01/2021	\$1,601.30	\$2,695.70	01/01/2031	\$4,624.10	\$6,249.46
01/01/2022	\$1,914.30	\$3,142.63	01/01/2032	\$4,893.60	\$6,499.58
01/01/2023	\$2,225.60	\$3,565.70	01/01/2033	\$5,155.00	\$6,734.25
01/01/2024	\$2,535.80	\$3,967.46	01/01/2034	\$5,408.00	\$6,954.29
01/01/2025	\$2,845.20	\$4,349.86	01/01/2035	\$5,651.10	\$7,159.45]
	Attained Age [90]		[01/01/2040]	[\$6,678.60	\$7,969.31]
	Attained Age 100		[01/01/2050]	[\$8,973.30	\$10,000.00]
	Attained Age 121		[01/01/2071]	[\$10,000.00	- ]

Other dates/ages can be provided upon request.

Loan Interest Rate: 8%; Nonforfeiture Interest Rate: 4.5%;

Mortality Table: Sex Distinct 2001 Commissioner's Standard Ordinary Ultimate Mortality Composite Table (Age Last Birthday)

## **PART 1. GENERAL PROVISIONS**

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### **The Parties Involved – Owner, Insured, Beneficiary, Irrevocable Beneficiary**

The **Owner** is the person who owns this policy, as shown in our records. The Owner has the right to exercise rights and privileges and to receive benefits under the terms of this policy during the lifetime of the Insured. If the Owner designated under the terms of this policy is not living, the Owner will be the estate of the last Owner to die.

The **Insured** is the person whose life this policy insures. The Insured may be the Owner of this policy.

A **Beneficiary** is any person named in our records to receive the death benefit after the Insured dies. There may be different classes of Beneficiaries, such as primary and secondary. These classes set the order of payment. There may be more than one Beneficiary in a class.

If no Beneficiary designated under this policy survives the Insured, the Beneficiary will be the Owner or the Owner's estate. The interest of any Beneficiary will be subject to any assignment of this policy that is binding on us at the time of the Insured's death.

Any Beneficiary may be named an **Irrevocable Beneficiary**. An Irrevocable Beneficiary cannot be removed from the policy or have that Beneficiary's benefit changed without that Beneficiary's consent.

### **Dates - Policy Date, Policy Anniversary Date, Policy Year, Issue Date**

The **Policy Date** is the starting date for determining premium due dates, Policy Anniversary Dates and Policy Years. The Policy Date is shown in the Policy Specifications. The first **Policy Anniversary Date** is one year after the Policy Date. The period from the Policy Date to the first Policy Anniversary Date, or from one Policy Anniversary Date to the next Policy Anniversary Date, is called a **Policy Year**.

The **Issue Date** is the date that this policy was issued. The Issue Date is shown in the Policy Specifications. This date starts the contestability and suicide periods.

### **Policy A Legal Contract**

This policy is a legal contract between the Owner and us. The entire contract consists of the policy, which includes the application, and any endorsements or amendments to the policy. The application for this policy consists of the written application forms (including any amendments or supplements thereto) provided by us and completed by the Owner and the Insured, if different, when applying for coverage provided by this policy.

The initial Policy Specifications are attached to this policy when issued.

We have issued this policy in consideration of the application and the payment of the first premium. However, coverage under this policy only will take effect on the later of its Issue Date or the date the first premium payment is made, provided that the Insured is alive.



Any changes or waiver of this policy's terms must be in writing and signed by our Secretary or an Assistant Secretary.

### **Representations And Contestability**

We rely on all statements about facts made by or for the Insured in any application. Such statements are considered to be representations and not warranties.

We can bring legal action to contest the validity of this policy, or any policy change requiring evidence of insurability, for any material misrepresentation of a fact in the initial application or in a later application that was attached to this policy or sent to the Owner for attachment to the policy.

Except for any policy change or reinstatement requiring evidence of insurability, we cannot contest the validity of this policy after it has been in force during the lifetime of the Insured for two years after its Issue Date, except for failure to pay premiums.

If evidence of insurability is required for reinstatement, our right to contest the validity of this policy begins again on the date of reinstatement for any statements made in the reinstatement application. We cannot contest the reinstated policy after it has been in force during the lifetime of the Insured for two years after that reinstatement date, except for failure to pay premiums.

### **Misstatement Of Age Or Gender**

If the Insured's date of birth or gender is incorrectly stated in the application, all benefits and other amounts payable, including but not limited to the Face Amount will be adjusted. The adjustment will reflect the benefits and amount that the most recent premium paid would have bought based on the rate at the date of issue for the corrected age and gender.

### **Death By Suicide**

If the Insured commits suicide, while sane or insane, within two years after the Issue Date and while the policy is in force, this policy will terminate and we will pay the Beneficiary a limited death benefit equal to the amount of premiums paid for this policy less any policy debt.

If the Insured commits suicide, while sane or insane, within two years after this policy is reinstated and while the policy is in force, this policy will terminate and we will pay a limited death benefit equal to the amount paid to reinstate this policy and any premiums paid thereafter, less any policy debt.

### **Meaning Of In Full Force, Lapse, And In Force**

This policy is "**in full force**" as long as all premiums are paid when due. It continues in full force for the 31-days after the due date of the unpaid premium (grace period). If the unpaid premium is not paid by the end of the grace period, this policy will lapse as of that premium due date. Then it will no longer be in full force.

Lapse is not necessarily the same as termination. When a policy lapses, the insurance may terminate or it may continue for a limited benefit amount. If insurance continues after lapse, the policy remains "**in force**" but no longer "in full force."

### **Face Amount**

The Face Amount is the amount of insurance coverage stated in the Policy Specifications. The Face Amount is used in determining the death benefit.

### **Accidental Death**

**Accidental Death** is death which occurs as a direct result of an accidental bodily injury to the Insured and which occurs within 180 days of the date of the accidental bodily injury.

The Insured's death will not be an Accidental Death if it:

- A. Resulted directly or indirectly from suicide, attempted suicide, or intentional self-inflicted injury;
- B. Resulted directly or indirectly from disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- C. Resulted directly or indirectly from an infection not occurring as a direct result or consequence of the accidental bodily injury;
- D. Occurred while the proposed insured is incarcerated or while committing or attempting to commit a felony;
- E. Was caused or materially contributed to by voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or;
- F. Was caused or materially contributed to by participation in an illegal occupation or activity.

The Insured shall be presumed to have died as a result of accidental bodily injury if the aircraft or other vehicle in which the Insured was traveling disappears, sinks or is wrecked; and the body of the Insured is not found for 2 years from either the date the aircraft or other vehicle was scheduled to arrive at its destination, or the date the Insured is reported missing to the authorities.

We reserve the right, at our expense, to request an autopsy unless prohibited by law.

### **Age - Issue Age, Attained Age**

The **Issue Age** of the Insured (shown in the Policy Specifications) is the age of the Insured on the Insured's birthday immediately preceding the Policy Date.

The **Attained Age** of the Insured is the Insured's Issue Age increased by the number of full Policy Years elapsed.

### **Written Request**

A **Written Request** is a request in writing, satisfactory to us, received by us at our Administrative Office. Currently, we accept only Written Requests on paper to satisfy the Written Request requirement. In the future, we may also allow the telephone, Internet or other electronic media to be used for certain transactions that currently require a Written Request.

We will accept such requests only after the appropriate policies, procedures and security measures have been established.

### **Currency**

All payments made to us and by us will be in the lawful currency of the United States of America. All monetary amounts shown in this policy are in U.S. dollars.

## **PART 2. PREMIUM PAYMENTS**

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**Premiums are the payments needed to keep this policy in full force. Premiums for this policy are shown in the Policy Specifications and are discussed in this Part.**

### **When Premiums Are Due**

Premiums are payable in advance up to the date shown in the Policy Specifications or to the death of the Insured, if earlier. The first premium is due on the Policy Date. Coverage under this policy will not take effect until the first premium has been paid, even if you have possession of the policy prior to that date. If you have possession of the policy before making payment, it will be considered that you have the policy for inspection only.

After payment of the first premium, each later premium is due when the period covered by the preceding premium ends. These premiums are due on the same day of the month as the day shown in the Policy Date.

### **Premium Payment Options**

Premiums may be paid monthly, quarterly, annually or at any other frequency we make available. The frequency of payments may be changed by sending a Written Request in advance.

### **Grace Period**

After the first premium has been paid, we allow a 31-day grace period to pay each following premium. Each premium after the first must be paid within 31 days after its due date. If a premium is not paid by the end of this grace period, this policy will lapse for non-payment of premium as of the unpaid premium's due date. In order to be considered paid during the grace period, any payments sent by U.S. mail must be postmarked within the grace period.

During this grace period the policy remains in full force. See "Lapse Benefit" in Part 3.

### **Where To Pay Premiums**

All premiums after the first premium are payable to us at our Administrative Office or at the place shown for payment on the premium notice.

## **PART 3. LIVING BENEFITS**

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**This life insurance policy provides a death benefit if the Insured dies while the policy is In Full Force or In Force, and also makes available certain rights and benefits while the Insured is living. These "Living Benefits" are discussed in this Part.**

### **Policy Ownership Rights Of Owner**

While the Insured is living, the Owner may exercise all rights given by this policy or allowed by us. These rights include changing Beneficiaries, changing ownership, assigning this policy, enjoying all policy benefits, and exercising all policy options.

### **Changing The Owner Or Beneficiary**

While the Insured is living, the Owner or any Beneficiary may be changed by Written Request. However, the consent of any Irrevocable Beneficiary is required to change that beneficiary designation. We do not limit the number of changes that may be made. Unless otherwise specified by the Owner, the change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before receiving the Written Request.

### **Assigning This Policy**

This policy may be assigned. However, for any assignment to be binding on us, we must receive a signed copy of it at our Administrative Office. We are not responsible for the validity of any assignment. Unless otherwise specified by the Owner, the assignment will take effect as of the date the written notice of assignment is signed by the Owner, subject to any payments made or actions taken by us before we receive written notice of the assignment.

Once we receive a signed copy of an assignment, the rights of the Owner and the interest of any Beneficiary or any other person will be subject to the assignment. An assignment is subject to any policy debt. Policy debt is discussed in the **Right To Make Loans** provision in this Part.

### **Policy Is Non-Participating**

This policy is "non-participating," which means that no dividends are payable on this policy.

### **Decreases In The Face Amount**

During the first two Policy Years, the Face Amount may be decreased by the Owner's Written Request. The face amount cannot be decreased below the minimum face amount as listed in the Policy Specifications.

If the policy is in full force and not in a grace period, any decrease will become effective on the next payment due date after we receive the Owner's Written Request. If the policy is in full force and in the grace period, any decrease will become effective as of the date the unpaid premium was due.

### **Evidence Of Changes**

If the Face Amount is decreased, we will send the Owner any revised and additional Policy Specifications for attachment to this policy.

### **Increases In The Face Amount**

Increases in the Face Amount will not be allowed.

## **Borrowing Against This Policy**

### **Right To Make Loans**

The Owner may borrow against this policy at any time while the Insured is living. The policy will be the sole security for the loan. No other collateral is needed. We refer to all outstanding loans plus accrued interest as "policy debt."

### **Maximum Loan Amount**

The maximum amount that can be borrowed on any date is equal to the Cash Surrender Value as of the next Policy Anniversary Date less:

- Loan interest on that amount to the next Policy Anniversary Date, less
- Any unpaid premiums for that policy year.

### **Interest on Loans**

Interest on loans is not due in advance. This interest accrues (builds up) each day and becomes part of the policy debt as it accrues. Interest is due on each Policy Anniversary Date.

The interest rate on any policy loan is a fixed rate of 8% per year.

Any payment not clearly marked as "Loan Repayment" or "Loan Interest Repayment" will be applied as premium. The minimum loan repayment is \$50, unless you are paying the entire Policy Loan Balance. The Policy Loan Balance equals the outstanding loan plus loan interest accrued to date. You may pay part or all of the Policy Loan Balance at any time the policy is in force and before the death of the Insured.

If interest is not paid when due, it will be added to the loan, provided it does not exceed the maximum loan available, and will bear interest at fixed rate of 8% per year.

### **Policy Debt Limit**

Policy debt (which includes accrued interest) may not equal or exceed the policy value. Policy value is explained later in this Part. If this limit is reached, we can terminate this policy. To terminate for this reason, we must mail written notice to the Owner and any assignee shown in our records at their last known addresses. This notice will state the amount needed to bring the policy debt back within the limit. If we do not receive payment within 31 days after the date we mail the notice, this policy will terminate at the end of that 31-day period.

### **Other Borrowing Rules**

If a premium is due when a loan is requested, payment of that premium may be needed before we can make the loan. If so, we will make the loan, pay the premium directly from the loan proceeds, and then send the balance. The principal amount of this loan will be equal to the sum of the amount applied to pay the premium plus the balance of the loan.

We may delay the granting of any loan for up to six months, except for a loan to pay premiums to us.

### **Repayment of Policy Debt**

All or part of any policy debt may be repaid at any time while the Insured is living. However, any policy debt outstanding while the policy is on a premium-paying basis can only be repaid

before the end of the grace period for any unpaid premium. Loan repayments will be credited on the date we receive them at our Administrative Office.

## **Policy Lapse**

### **What Happens If This Policy Lapses**

If a premium is not paid by the end of the grace period, this policy will lapse as of the due date of that premium. We call this premium due date the "date of lapse."

Several things can occur when this policy lapses. First, this policy is no longer in full force. If there is no cash surrender value as of the date of lapse, the insurance will terminate. If there is a cash surrender value, unless you elect a surrender within 60 days after the due date of the most recent unpaid premium payment, it will automatically be used as a net single premium to provide paid-up life insurance. The amount of paid-up life insurance will be determined by the cash surrender value and the Attained Age of the Insured. In this case, the policy will continue in force.

### **Paid-Up Life Insurance**

This is a reduced level amount of insurance for the lifetime of the Insured. The cash surrender value on the date of lapse determines the amount of reduced paid-up life insurance that will be provided.

The Table of Guaranteed Benefits in the Policy Specifications shows an amount of reduced paid-up life insurance for each of the values shown on certain Policy Anniversary Dates. When referring to this table, note that these values do not reflect any policy debt.

### **Policy Rights After Lapse**

While this policy is in force as paid-up life insurance, all the rights granted by it are still available unless this policy states otherwise.

## **Reinstating This Policy After Lapse**

### **When Policy May Be Reinstated**

After this policy has lapsed, it may be reinstated -- that is, put back in full force. However, the policy cannot be reinstated if it has been surrendered for its cash surrender value. Reinstatement must be made within three years after the date of lapse and while the Insured is living.

### **Requirements To Reinstatement**

Reinstatement requires repayment of policy debt plus 6% interest, compounded annually, from the date of lapse to the date of reinstatement. Evidence of insurability satisfactory to us also is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest on overdue premiums will be at an annual rate of 6% and will be compounded annually.

### **Policy After Reinstatement**

Reinstatement is effective on the later of the receipt of the cost to reinstate or when the reinstatement is approved. The Face Amount on the date of reinstatement will be the Face Amount on the termination date.

Following reinstatement, we and the Owner will have the same rights under the policy as were in effect on the day before the due date of the unpaid premium, including our right to contest the validity of the policy after reinstatement, as set forth in the Representations and Contestability section in Part 1.

## **Surrendering This Policy**

### **Right To Surrender**

This policy may be surrendered in full for its cash surrender value at any time while the Insured is living. The surrender will be effective on the date we receive at our Administrative Office a Written Request, satisfactory to us, to surrender. This policy will terminate as of the date of surrender.

### **Policy Value**

The Table Of Guaranteed Benefits in the Policy Specifications shows the policy value on certain Policy Anniversary Dates. It assumes that all premiums have been paid to those dates. The policy value can be computed at any time during a Policy Year.

If this policy is continued as paid up insurance after lapse, the policy value will be used as a single net premium to pay for the insurance provided.

### **Cash Surrender Value**

The cash surrender value is the policy value minus any outstanding policy debt.

We compute all the amounts used to calculate the cash surrender value as of the effective date of surrender. However, if this policy is surrendered within 30 days after a Policy Anniversary Date, the policy value will be computed as of that Policy Anniversary Date, if such valuation would result in a higher cash surrender value.

### **How We Pay**

The cash surrender value will be paid in one sum. We may delay paying any surrender up to six months from the date we receive the Written Request.

If the policy becomes paid up by completion of all premium payments or is continued as paid up life insurance after lapse we will pay the cash surrender value upon surrender within 30 days after any policy anniversary.

## **PART 4. THE DEATH BENEFIT**

---

**The death benefit is the amount of money we will pay when we receive due proof at our Administrative Office that the Insured died while the policy was in force. The amount will depend on whether the Insured dies while this policy is in full force or while it is in force after lapse as reduced paid-up life insurance. See Part 1 for the distinction between "in full force" and "in force."**

## **Death Benefit While Policy Is In Full Force**

**If the Insured dies within the first two Policy Years**, the death benefit will be equal to:

- In the case of **Accidental Death**, the Face Amount;  
  
    **plus** any premium paid in advance for coverage after the date of death, or **less** any unpaid premium due for coverage up to the date of death;  
  
    **less**, any policy debt.
- In cases **other than Accidental Death**, 110% of the total premiums paid on the policy, less any policy debt.

**If the Insured dies after the first two Policy Years**, the death benefit will be equal to:

the Face Amount;

**plus** any premium paid in advance for coverage after the date of death, or **less** any unpaid premium due for coverage up to the date of death;

**less**, any policy debt.

## **Death Benefit After Lapse**

If the Insured dies while this policy is in reduced paid-up status, the death benefit will be the amount of paid-up life insurance.

## **When We Pay**

The death benefit will be paid in a lump sum after we receive due proof of the Insured's death, and any other requirements necessary for us to make payment, at our Administrative Office.

We will add interest from the date of the Insured's death to the date of a lump sum payment. Interest on the death benefit less any policy debt will accrue from the date of death to the date of payment. The amount of interest will be computed using a rate equal to the rate for proceeds left on deposit with us. The rate will not be less than 3%, or if greater, the rate required by applicable law. In determining the effective annual rate, we will use the rate in effect on the date of death.

Additional interest will be added, to the date of payment, at an effective annual rate of 10% beginning 31 days after the later of:

- The date we receive due proof of the Insured's death; and
- The date we receive sufficient information to determine our liability, the extent of the liability, and the appropriate Beneficiary legally entitled to the proceeds; and
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to:
  - (a) the establishment of guardianships and conservatorships;



- (b) the appointment and qualification of trustees, executors and administrators; and
- (c) the submission of information required to satisfy state and federal reporting requirements.

## **PART 5. NOTES ON OUR COMPUTATIONS**

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**This Part covers some technical points about this policy.**

### **Method Of Computing Values**

All cash values and paid-up nonforfeiture benefits are not less than the minimum values and benefits required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, Model 808.

The value of any paid-up insurance benefits provided by this policy will at any time be equal to the net single premium for those benefits computed on the assumptions stated in the **Basis Of Computation** provision.

We filed a detailed statement of the method we use to compute cash values and paid-up insurance benefits with the insurance supervisory official of the state in which the policy is delivered. All these values and benefits are not less than the minimum values and benefits required by any statute of that state.

Any cash surrender value and any paid-up nonforfeiture benefit available under the policy in the event of default in premium payment due at any time other than on a Policy Anniversary Date will be calculated with allowance for the lapse of time and the payment of the fractional premiums from the last preceding Policy Anniversary Date.

### **Basis Of Computation**

We use mortality rates from the mortality table stated in the Policy Specifications in computing the policy value shown on the Table Of Guaranteed Benefits. These mortality rates are also used to compute both the amount and value of any paid-up insurance benefits.

In our computations, we assume that any money held to pay future benefits guaranteed by this policy will earn interest at the annual rate stated in the Policy Specifications.

# Application for Whole Life Insurance

C.M. Life Insurance Company

HOME OFFICE: [100 Bright Meadow Blvd.]  
[Enfield, CT 06082]

ADMIN OFFICE: [100 Centerview Drive, Suite 100]  
[Nashville, TN 37214]

## Part A: Proposed Insured's ("Insured") Personal Information

First name	Middle initial	Last name	Suffix
[Primary] Mailing address			Apartment #
City		State	Zip code
Date of birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security # (optional)	
Home phone	Mobile	Email	

**Will the Insured own this policy?** ☐ Yes ☐ No If "No", please complete the attached sheet, "Owner Information"

**Do you have existing life insurance or own an annuity?** ☐ YES ☐ NO

**Will any existing life insurance or annuity policy(s) be replaced or changed because of this application?** ☐ YES ☐ NO If "Yes", please complete the attached sheet, "Existing Insurance Information and Replacement Life Insurance Supplement"

## Part B: Coverage Details

**How much life insurance coverage are you looking for?**

☐ \$2,000 ☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000

☐ \_\_\_\_\_ [Other] Min: \$2,000; Max \$25,000

**Whom do you want to leave the Death Benefit to?**

Beneficiary Name \_\_\_\_\_ ☐ Spouse ☐ Domestic Partner

☐ Child [(including Stepchild)] ☐ Other

Percentage of Death Benefit for Above Beneficiary \_\_\_\_\_%

Additional Beneficiary Information:

[Mailing Address (optional): \_\_\_\_\_]

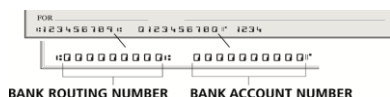
[Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_] [Email Address (optional): \_\_\_\_\_]

[DOB (optional): \_\_\_\_\_] [Social Security Number (optional): \_\_\_\_-\_\_\_\_-\_\_\_\_]

If more than one Beneficiary please enter the first Beneficiary above and complete the Beneficiary Supplement form.

## [Part C: Payment Options

☐ **By automatic withdrawal from checking or savings account** ☐ Checking ☐ Savings



Bank routing number

Bank account number]

☐ **By credit card or debit card** [ ☐ Visa   ☐ MasterCard   ☐ American Express   ☐ Discover ]

[Account number

Exp date (mm/yy) ]

[If paying by credit/debit card, please complete credit/debit card information form on the following page.]

☐ **By check**

**Premium Payment Schedule** (check one) [ ☐ Monthly ]   [ ☐ Quarterly ]   [ ☐ Annually ]

**I agree that:**

- I have read this application and, to the best of my knowledge and belief, all statements are true and complete.
- My statement in this application and any amendment(s) are the basis of any policy issued.
- I understand that no insurance will take effect until a policy is issued and the full first premium is paid while I am alive.
- [If I have requested to pay by credit/debit card, or by checking/savings account, I authorize C.M. Life Insurance Company to charge/withdraw my insurance premiums to/from that account. This authorization is to remain in effect until I request cancelation.]
- **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.
- Whenever coverage provided by this policy would be in violation of any U.S. economic or trade sanctions, such coverage shall be null and void.
- [I understand that the Application is being voice signed and that the voice signature is a valid and binding signature.]
- [I understand that the Application is being electronically signed and that the electronic signature is a valid and binding signature.]
- **I understand that I am applying for a policy that may provide a limited death benefit in the first two policy years, even though I may otherwise qualify for a different policy that provides full benefits from the inception of the policy.**

Signature of Insured

Date (mm/dd/yyyy)

HOME OFFICE: [100 Bright Meadow Blvd.]  
[Enfield, CT 06082]

**C.M. Life Insurance Company**  
ADMIN OFFICE: [100 Centerview Drive, Suite 100]  
[Nashville, TN 37214]

## Owner Information

**This form is a supplement to the application for a Whole Life Insurance policy on Insured:**

First name	Middle initial	Last name	Suffix

**The Owner of the Whole Life Insurance policy shall be:**

First name	Middle initial	Last name	Suffix

[Primary] Mailing address	Apartment #

City	State	Zip code

Date of birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security # (optional)

Home phone	Mobile	Email

### I agree that:

- I have read this application and, to the best of my knowledge and belief, all statements are true and complete.
- My statement in this application and any amendment(s) are the basis of any policy issued to me.
- I understand that no insurance will take effect until a policy is delivered and accepted by me and the full first premium due is paid while the Insured is alive.
- Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- **I understand that I am applying for a policy that may provide a limited death benefit in the first two policy years, even though I may otherwise qualify for a different policy that provides full benefits from the inception of the policy.**

Owner's Signature: \_\_\_\_\_ City/State: \_\_\_\_\_ Date: \_\_\_\_\_

HOME OFFICE: [100 Bright Meadow Blvd.]  
[Enfield, CT 06082]**C.M. Life Insurance Company**  
ADMIN OFFICE: [100 Centerview Drive, Suite 100]  
[Nashville, TN 37214]

## Beneficiary Supplement

Only to be used at time of application. If completed and submitted with application, the application signature applies.

### Additional Beneficiaries?

2. Beneficiary Name \_\_\_\_\_ Percentage of Death Benefit \_\_\_\_\_ %  
Check only if Primary or Secondary Beneficiary: ☐ Primary Beneficiary ☐ Secondary Beneficiary  
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child (including stepchild) ☐ Other  
Mailing Address (optional): \_\_\_\_\_  
Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address (optional): \_\_\_\_\_  
DOB (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_
3. Beneficiary Name \_\_\_\_\_ Percentage of Death Benefit \_\_\_\_\_ %  
Check only if Primary or Secondary Beneficiary: ☐ Primary Beneficiary ☐ Secondary Beneficiary  
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child (including stepchild) ☐ Other  
Mailing Address (optional): \_\_\_\_\_  
Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address (optional): \_\_\_\_\_  
DOB (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_
4. Beneficiary Name \_\_\_\_\_ Percentage of Death Benefit \_\_\_\_\_ %  
Check only if Primary or Secondary Beneficiary: ☐ Primary Beneficiary ☐ Secondary Beneficiary  
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child (including stepchild) ☐ Other  
Mailing Address (optional): \_\_\_\_\_  
Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address (optional): \_\_\_\_\_  
DOB (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_
5. Beneficiary Name \_\_\_\_\_ Percentage of Death Benefit \_\_\_\_\_ %  
Check only if Primary or Secondary Beneficiary: ☐ Primary Beneficiary ☐ Secondary Beneficiary  
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child (including stepchild) ☐ Other  
Mailing Address (optional): \_\_\_\_\_  
Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address (optional): \_\_\_\_\_  
DOB (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_
6. Beneficiary Name \_\_\_\_\_ Percentage of Death Benefit \_\_\_\_\_ %  
Check only if Primary or Secondary Beneficiary: ☐ Primary Beneficiary ☐ Secondary Beneficiary  
Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child (including stepchild) ☐ Other  
Mailing Address (optional): \_\_\_\_\_  
Phone Number (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email Address (optional): \_\_\_\_\_  
DOB (optional): \_\_\_\_\_ Social Security Number (optional): \_\_\_\_ - \_\_\_\_ - \_\_\_\_



## C.M. Life Insurance Company

HOME OFFICE: [100 Bright Meadow Blvd.]  
[Enfield, CT 06082]

ADMIN OFFICE: [100 Centerview Drive, Suite 100]  
[Nashville, TN 37214]

### Existing Insurance Information and Replacement of Life Insurance Supplement

The following policy(ies) may be replaced as a result of this transaction:

Company Name	Policy Number	Policy Type	Face Amount	Name of Insured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I agree that all the information I have completed on this form, to the best of my knowledge and belief, are true and complete.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	C. M. Life Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	GIWL		
<b>Project Name/Number:</b>	MassMutual/61/61		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Submission Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	DC LTR CML.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Third Party Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	AUTH CML 2015.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	Policy statement of variability CM Life DC.pdf Application statement of variability CM Life.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Transaction Authenticity Verification Procedures
<b>Comments:</b>	
<b>Attachment(s):</b>	Eprocess steps.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Readability Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	DC RDB CML.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Act Memo GIWL2112PCM-DC 8.26.15.pdf
<b>Item Status:</b>	

<b>SERFF Tracking #:</b>		FRCS-130212352		<b>State Tracking #:</b>				<b>Company Tracking #:</b>		6367	
<b>State:</b>		District of Columbia				<b>Filing Company:</b>		C. M. Life Insurance Company			
<b>TOI/Sub-TOI:</b>		L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life									
<b>Product Name:</b>		GIWL									
<b>Project Name/Number:</b>		MassMutual/61/61									
<b>Status Date:</b>											





**FIRST CONSULTING**  
*& Administration, Inc.*

September 3, 2015

Commissioner of Insurance  
Government of the District of Columbia  
Department of Insurance, Securities, and Banking  
Insurance Products Division  
810 First Street, N.E., Suite 701  
Washington, D.C. 20002

RE: C.M. Life Insurance Company  
NAIC # 93432 FEIN # 06-1041383  
Form: GIWL2112PCM-DC - GIWL Policy  
GIWL2112A-CM-DC - Application for Whole Life Insurance  
GIWL2112A-SUPP1CM - Application Supplement - Owner Not Insured  
GIWL2112A-SUPP2CM - Application Supplement – Additional Beneficiaries  
GIWL2112A-SUPP3CM - Existing Insurance Information and Replacement of Life Insurance Supplement

Our File Number: 6367

Dear Sir or Madam:

We have been retained by C.M. Life Insurance Company to submit this filing.

We enclose the following for your consideration:

- Submission Letter
- Third party authorization
- Above referenced forms
- Statement of Variability
- Transaction Authenticity Verification Procedures
- Readability certification
- Actuarial memorandum

The company's group number is 435.

This filing is for a graded death whole life contract that provides a benefit for the lifetime of the insured with level premiums payable to the insured's attained age 100.

Issue ages are 50 to 75.

The death benefit during the first two policy years is 110% of the premiums paid to the date of death. After the second policy anniversary, the death benefit is the Face Amount. If the death occurs as a result of accidental death during the first two policy years, then the death benefit will equal the full face amount.

The forms will be marketed electronically and via the telephone through licensed agents on an individual basis.

Application supplemental forms GIWL2112A-SUPP1CM, GIWL2112A-SUPP2CM, and GIWL2112A-SUPP3CM will be completed and made a part of the application when required as noted in the application.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in cursive script that reads "Marilyn J. Odell".

Marilyn J. Odell  
Compliance Specialist  
E-mail: [marilyn.odell@firstconsulting.com](mailto:marilyn.odell@firstconsulting.com)  
Extension: 2835

Enclosures



August 27, 2015

To: The Insurance Commissioner

### **Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

### **C.M. Life Insurance Company**

By:

  
\_\_\_\_\_  
Craig Waddington, FSA, MAAA

Title: Vice President

**Guaranteed Acceptance Whole Life Insurance Policy**  
Form: GIWL2112PCM-DC

**Statement of Variability**

This document defines the range of variation for items identified by brackets and found on the form(s) for approval. Any use of variability shall be administered in a uniform and nondiscriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>HOME OFFICE ADDRESS</b>	Top Center of Cover Page	To allow for the flexibility of changing this information should C.M. Life's home office address change in the future.
<b>ADMINISTRATIVE OFFICE ADDRESS</b>	Top Right of Cover Page	To allow for the flexibility of changing this information should C.M. Life's administrative office address change in the future.
<b>INSURED'S NAME POLICY NUMBER POLICY DATE ISSUE DATE</b>	Top of Cover Page & Policy Specification	This section will reflect the applicable information for each issued Policy. C.M. Life may choose not to reflect this information on the cover page since it is also reflected in the Policy Specifications Page. The Issue age range is 50 – 75.
<b>ADMINISTRATIVE OFFICE TOLL FREE NUMBER</b>	3 <sup>rd</sup> Paragraph of Cover Page	To allow for the flexibility of changing this information should C.M. Life's administrative office toll free number change in the future.
<b>PRESIDENT SIGNATURE SECRETARY SIGNATURE</b>	Bottom of Cover Page	To facilitate changes to the officer's signature(s) and/or title(s) should C.M. Life's officers' change. The signatures and titles shown are those in effect at the time of this form filing.
<b>INITIAL FACE AMOUNT FACE AMOUNT</b>	Cover Page & Policy Specification	To provide for the flexibility to display the applicable initial face amount of coverage as selected by the applicant.
<b>GENDER ISSUE AGE OWNER</b>	Policy Specification	This section will reflect the applicable information for each issued Policy.
<b>PREMIUM SCHEDULE AND</b>	Policy Specification	To provide for the flexibility to

<b>AMOUNTS BY FREQUENCY</b>		display the applicable premium (and fee) amount used to purchase the policy and rider(s). The premium varies based on issue ages, gender, risk class and Face Amount.
<b>TABLE OF GUARANTEED BENEFITS ATTAINED AGE</b>	Policy Specification	This section will reflect the applicable information for each issued Policy.

## Guaranteed Acceptance Whole Life Insurance Application

### Statement of Variability

This document defines the range of variation for items identified by brackets and found on the form(s) for approval. Any use of variability shall be administered in a uniform and nondiscriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>HOME OFFICE ADDRESS</b>	Top Center	To allow for the flexibility of changing this information should C.M. Life's home office address change in the future.
<b>ADMINISTRATIVE OFFICE ADDRESS</b>	Top Right	To allow for the flexibility of changing this information should C.M. Life's administrative office address change in the future.
<b>DESCRIPTION OF MAILING ADDRESS "PRIMARY"</b>	Part A: Proposed Insured's Personal Information	To allow for flexibility in the description of this information. Applicants may have more than one address.
<b>FACE AMOUNTS</b>	Part B Coverage Details	To facilitate changes to face amounts displayed based on consumer feedback or marketing tactics.
<b>BENEFICIARY "STEPCHILD"</b>	Part B Coverage Details	To allow for flexibility in the description of this beneficiary type.
<b>ADDITIONAL BENEFICIARY INFORMATION</b>	Part B Beneficiary Details	To allow for changes to identifying information required of Primary and Contingent Beneficiary(ies), to comply with laws and to facilitate information collection.
<b>PART C PAYMENT OPTIONS</b>	Part C	To allow for the flexibility of making part C a separate form to simplify information collection.
<b>AUTOMATIC WITHDRAWAL FROM CHECKING/SAVINGS ACCOUNT</b>	Part C	To allow for flexibility in the way payment information is captured.
<b>BY CREDIT/DEBIT CARD</b>	Part C	To allow for flexibility in the way payment information is captured.
<b>CREDIT CARD DETAILS (VISA, MC, AMEX, DISCOVER, ACCOUNT NUMBER, EXP DATE)</b>	Part C	To allow for removing these questions if credit/debit not chosen as a payment option, and flexibility to include these details in a separate page of the document.
<b>CREDIT/DEBIT INFORMATION</b>	Part C	To allow for removing this

<b>FORM INSTRUCTION</b>		statement if credit/debit not chosen as a payment option and to allow for a separate credit/debit card information form.
<b>BY CHECK</b>	Part C	To allow for flexibility in the way payment information is captured.
<b>PREMIUM PAYMENT SCHEDULE</b>	Part C	To facilitate changes to payment frequencies in the future.
<b>CREDIT/DEBIT CARD DISCLOSURE</b>	Disclosures	To allow for the removal of this disclosure if credit/debit not chosen as payment option.
<b>VOICE SIGNATURE DISCLOSURE</b>	Disclosures	To allow for the removal of this disclosure if voice signature not needed.
<b>ELECTRONIC SIGNATURE DISCLOSURE</b>	Disclosures	To allow for the removal of this disclosure if electronic signature is not needed.

The Company will verify the authenticity of the telephonic and online transactions as follows:

### **Telephonic Transactions**

- 100% of calls are recorded
- Call recordings are stored and accessible for 7 years
- On the recorded conversation, applicant verbally confirms identity, confirms all statements to be true and complete, provides payment information and authorizes payment process, and agrees that voice signature is valid and binding
- Application and policy records are stored indefinitely within the policy administration system
- A representative sampling of sales call recordings are reviewed proactively for Q/A and compliance adherence

### **Online Transactions**

- Completed application is made available for review before consumer electronically consents and electronically signs
- Insured electronically confirms identity and confirms all statements to be true and complete, provides payment information and authorizes payment process, agrees that electronic signature is valid and binding
- Application and policy records are stored indefinitely within the policy administration system
- Date and time stamps of all applications are kept for 7 years; and can be matched with version history of online application process



**DISTRICT OF COLUMBIA**

**READABILITY CERTIFICATION**

**Company Name:** C.M. Life Insurance Company

I hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

Form Number	Score
GIWL2112PCM-DC	50.1
GIWL2112A-CM-DC	50.2
GIWL2112A-SUPP1CM	50.4
GIWL2112A-SUPP2CM	54.8
GIWL2112A-SUPP3CM	70.3



---

Craig Waddington, FSA, MAAA  
Vice President

---

August 27, 2015  
Date

CM LIFE INSURANCE COMPANY  
GIWL2112PCM-DC Graded Death Benefit Whole Life Policy

**Actuarial Memorandum**  
**GIWL2112PCM-DC**  
**Whole Life Insurance Policy with Graded Death Benefit During First Two**  
**Policy Years**

**Overview**

This is a graded death benefit whole life contract that provides a benefit for the lifetime of the insured with level premiums payable to the insured's attained age 100. Premiums vary by gender (male, female) and issue age.

The death benefit during the first two policy years is 110% of the premiums paid to the date of death. After the second policy anniversary, the death benefit is the Face Amount. If the death occurs as a result of accidental death during the first two policy years, the death benefit will equal the full face amount.

Issue ages are 50 to 75.

All policy values are based on the insured's age and gender. Age is defined as that at the last birthday.

The minimum specified amount will be \$2,000.

The policy provides a provision allowing a reduction in the face amount during the first two policy years, but not below \$2,000. After a decrease, policy values and reduced paid-up insurance benefits are calculated using the same per 1000 rates as before, but applied to the new face amount. If there is guaranteed cash value at the time of the decrease, any excess would be released to the policy owner. If the face amount is decreased within 90 days from issue, the policy is re-issued at the lower face amount and excess premium is released to the policy owner.

**Method of Calculating Statutory Policy Reserves**

Statutory policy reserves are calculated using the Commissioners Reserve Valuation Method (CRVM).

The mortality basis is the (sex-distinct) 2001 Commissioners' Standard Ordinary (2001 CSO) Ultimate Mortality Composite Table (ALB) with continuous functions.

The statutory valuation interest rate will not exceed the maximum prescribed for policies issued in a particular calendar year. The statutory valuation interest rate for policies issued in 2015 is 3.5% per year.

The statutory policy reserve cannot be less than the cash value.

CM LIFE INSURANCE COMPANY  
GIWL2112PCM-DC Graded Death Benefit Whole Life Policy

**Method of Calculating Cash Values**

Guaranteed cash values are equal to the minimum cash values required by the Standard Nonforfeiture Law. We use the (sex-distinct) 2001 Commissioners' Standard Ordinary (2001 CSO) Ultimate Mortality Composite Table (ALB) with curtate functions and interest at 4.50% per year.

The guaranteed cash values produced are equal to or exceed the minimum required under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808, for all ages, rate classes and durations for which the policy is available.

Paid-Up Insurance Benefits are calculated on a net basis. We use the (sex-distinct) 2001 Commissioners' Standard Ordinary (2001 CSO) Ultimate Mortality Composite Table (ALB) with curtate functions and interest at 4.50% per year.

The cash value on a date other than a policy anniversary is calculated by interpolating between the value at the end of the preceding policy year (t-1) and the end of the current policy year (t).

Cash Value Formulas are provided in Appendix A.

Sample Cash Value Calculations are provided in Appendix B.

Paid-Up Benefit Formulas and Sample Calculations are provided in Appendix C.

The undersigned is an officer of the CM Life Insurance Company, a Fellow of the Society of Actuaries, and a member of the American Academy of Actuaries.



---

Craig Waddington, FSA, MAAA  
Vice President and Actuary

8/26/15

---

Date

## Appendix A

### Guaranteed Cash Value Formulae

**Formulae:**

$${}_tCV_x = PVFB_{x+t}^t - MNP_x \times \ddot{a}_{x+t:100-x-t}$$

$$PVFB_{x+t}^t = \sum_{k=0}^{120-x-t} \left( B_{x+t+k}^{t+k} \times \frac{C_{x+t+k}}{D_{x+t+k}} \right)$$

$$MNP_x = NP_x + \frac{EA_x}{\ddot{a}_{x:100-x}}$$

$$NP_x = \frac{PVFB_x^0}{\ddot{a}_{x:100-x}}$$

$$EA_x = (0.01 \times AFA_x) + 125\% \times \min(NP_x, 0.04 \times AFA_x)$$

$$AFA_x = \frac{1}{10} \times \sum_{k=0}^9 B_{x+k}^k$$

**If the policy is continued as Reduced Paid-Up Insurance:**

$${}_tCV_x = PVFB_{x+t}^t$$

**Where:**

$x$  = Issue Age

$t$  = Policy Year

${}_tCV_x$  = Cash Value (per 1000) at end of policy year  $t$  for issue age  $x$

$PVFB_x^t$  = Present Value of future benefits at end of policy year  $t$  when (attained) age  $x$

$B_x^t$  = Benefit (per 1000) at end policy year  $t$  when (attained) age  $x$

$$B_x^0 = 110\% \times P_x$$

$$B_x^1 = 110\% \times 2 \times P_x$$

$$B_x^t = 1,000.00 \text{ (for } t \geq 2 \text{)}$$

$\ddot{a}_{x:100-x}$  = Annuity of one per year, paid until age 100, for age  $x$

$P_x$  = Premium rate per 1000 for issue age  $x$

$NP_x$  = Net Premium for issue age  $x$

$MNP_x$  = Modified Net Premium for issue age  $x$

$EA_x$  = Initial Expense Allowance for issue age  $x$

$AFA_x$  = Average Face Amount over first 10 years for issue age  $x$

## Appendix B

### Guaranteed Cash Value Calculation Example Male, Issue Age 65

The cash value for a Male, Issue Age 65, at the end of policy year 10, with a face amount of \$10,000 is: \$2,848.40.

$x$	= 65
$t$	= 10
$P_{65}$	= 108.00
$B_{65}^0$	= 118.80
$B_{66}^1$	= 237.60
$B_{67+t}^{2+t}$	= 1,000.00
$AFA_{65}$	= 835.64
$PVFB_{65}^0$	= 477.70
$PVFB_{65}^{10}$	= 654.08
$\ddot{a}_{65:35}$	= 11.472998
$\ddot{a}_{75:25}$	= 8.025917

$$NP_{65} = \frac{PVFB_{65}^0}{\ddot{a}_{65:35}} = \frac{477.70}{11.472998} = 41.6369$$

$$\begin{aligned} EA_{65} &= (0.01 * AFA_{65}) + 125\% \times \min(NP_{65}, 0.04 \times AFA_{65}) \\ &= (0.01 * 835.64) + 125\% \times \min(41.6369, 0.04 \times 835.34) \\ &= 50.1384 \end{aligned}$$

$$MNP_{65} = NP_{65} + \frac{EA_{65}}{\ddot{a}_{65:35}} = 41.6369 + \frac{50.1384}{11.472998} = 46.0071$$

$${}_{10}CV_{65} = PVFB_{65+10}^{10} - MNP_{65} \times \ddot{a}_{75:25} = 654.08 - 46.0071 \times 8.0259 = 284.84$$

## Appendix C

### Paid-Up Life Insurance upon Lapse Formulae and Calculation Example

$${}_t\text{Paid-Up Insurance}_x = 1,000 \times \frac{{}_tCV_x}{PVFB_x^t} = \text{Paid-Up Life Insurance Per 1000}$$

Where:

$x$	=	the issue age
$t$	=	Policy Year (duration at Lapse)
${}_tCV_x$	=	Policy Value at Lapse per 1000
$PVFB_x^t$	=	Present Value of future benefits at end of policy year $t$ when (attained) age $x$ per 1000 (NSP)

#### Male, Issue Age 65, \$10,000 Face Amount

$x$	=	65
$t$	=	10
${}_{10}CV_{65}$	=	284.84
$PVFB_{65}^{10}$	=	654.08
$PVFB_{65}^{11}$	=	668.97

$$\begin{aligned} {}_{10}\text{Paid-Up Insurance}_{65} &= 1,000 \times \frac{{}_{10}CV_{65}}{PVFB_{65}^{10}} \\ &= 1,000 \times (284.84 \div 654.08) \\ &= 435.475 \end{aligned}$$

$$\text{Paid-Up Insurance Amount} = (\$10,000 / 1,000) \times 435.48 = \$4,354.75$$

In the following year (policy year 11), the cash value will be determined as follows:

$${}_{11}CV_{65} = PVFB_{65+11}^{11} = 668.97$$

$$\text{EOY 11 Cash Value after RPU} = (\$4,354.75 / 1,000) \times 668.97 = \$2,913.20$$